

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	9-10-01
FORMALITY REVIEW	SI	1021	10/9/01
RESPONSE FORMALITY REVIEW	JP	1029	12/18/01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	01/07/01
2	01/07/01
3	01/07/01
4	01/07/01
5	01/07/01
6	01/07/01
7	01/07/01
8	01/07/01
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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26876  
 10/10/01  
 801  
 12-18-01